U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 . LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	For Official Use Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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AMENDED	PAGE 6
1. File Number U - 469	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Robert P Jones	Name IRON WORKERS #10
	Labor Organization File Number 77044
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street Rt 2 Box 57BB	Street 1000 E 10th
City Marshall	City Kansas City
State Missouri ZIP Code + 4 65340	State Missouri ZIP Code + 4 64106
5. Position in labor organization.	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
	
City	
State ZIP Code + 4	
Sigr	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	ying documents), has been examined by the signatory and is, to the best of the
Sel sel	0 V-17 16 [016/010 0010
Signed / Aleur Vac lovies	On 8-7-05 816/842-8917 Telephone Number

Name of Person Filing Robert Jones	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included the dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Invesco Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1360 Peach Tree St City Atlanta State Georgia ZIP Code + 4 30309	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Money Manager	
Name Iron Workers Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3100 Broadway		
	11.b. Approximate dollar value of such dealing.	\$72,527
City Kansas City State Missouri ZIP Code + 4 64111	12.a. Nature of interest held or income received. Cooler	
	12.b. Amount.	\$48
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
City		į
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Robert	Jones	File Number U-

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Ark Asset Management Co	a. Labor Organization	
Trade Name, if any:	a. Laser e.gamtilen	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 125 Broad St	c. Employer	
City New York		
State New York ZIP Code + 4 10004		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	<u>.</u>
	Money Manager	
Name Iron Workers Pension Fund		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 108		ļ
F.O. Box, Blug., Room No., II ally Suite 108		
Street 3100 Broadway		
City Kansas City		
State Missouri ZIP Code + 4 64111	11.b. Approximate dollar value of such dealing.	\$115,721
	12.a. Nature of interest held or income received.	
	Dinner 139.52 Dinner 1	70.00
		•
		3
	12.b. Amount,	\$310

Name of Person Filing Robert Jones	File Number U-
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8. Name and address of Business (including trade name, if any).		9. Business d	leals with:				
Name NWQ Investment Mg. Co.			abor On	ganization			
Trade Name, if any:			Labor Oil	gameadon			
P.O. Box, Bldg., Room No., if any Suite 1020		∑ b. ⊺	rust				
Street 15 South Fifth St		C. E	mployer				
City Minneapolis							
State Minnesota ZIP Code + 4 55402							
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature	of such	dealing.			
Name Mo-Kan Iron Workers Pension		Money Man	ager				
Trade Name if any							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any Suite 108							Ī
Street 3100 Broadway							
City Kansas City							
State Missouri ZIP Code + 4 64111		11.b. Approxir	nate dolla	ar value of su	ch dealing.		\$96,632
		12.a. Nature	of interes	t heki or inco	me received.		
		03/11/04		214.00	03/11/04		86.00
		03/12/04 03/13/04	Golf	123.00 140.00	03/12/04		40.00
		12/01/04	Golf	99.00	12/02/04	Dinner	88.00
		<u> </u>					
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		<u> </u>					
		12.b. Amount					\$790

Name of Person Filing Robert Jones	File Number U-

8. Name and address of Business (includ	ing trade name,	if any).	9. Busine	ess deals with:			
Name Missouri Valley Partner	rs		ļ ,,	a. Labor Orgai	nization		
Trade Name, if any:				a. Labor Organ	mzauon		
P.O. Box, Bldg., Room No., if any PO Bo	Nr. 16001		\boxtimes	b. Trust			
	DX 16301			c. Employer			
Street				• •			
City St Louis							
State Missouri	ZIP Code + 4	63105					
10, If 9.b, or 9.c, is checked give trust or emp	oloyer's name.		11.a. Na	ture of such de	aling.		
Name Mo-Kan Iron Workers Per	nsion		Money	Manager			
Trade Name, if any:			:				
P.O. Box, Bldg., Room No., if any Suite	108						
Street 3100 Broadway							
City Kansas City						**************************************	
State Missouri	ZIP Code + 4	54111	11.b. App	proximate dollar v	value of such dealing.		\$112,786
			12.a. Nat	ure of interest h	eld or income received.		
			Golf	100.00	Christmas Ham	63.71	
			1				
							į
			12.b. Am	ount.			\$164

Name of Person Filing Robert	Jones	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Arnold, Newbold, Winter, Jackson & Jacoby	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 1600	b. Trust	
Street 1125 Grand	c. Employer	
City Kansas City		
State Missouri ZIP Code + 4 64106		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Mo-Kan Iron Workers Pension	Fund Attorneys	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 108		
Street 3100 Broadway		
City Kansas City		
State Missouri ZIP Code + 4 64111	11.b. Approximate dollar value of such dealing.	\$202,575
	12.a. Nature of interest held or income received.	
	Gift Certificate - Dec 2004 Iron Horse Golf Outing - June 2004 Savoy Grill Dinner - March 2004	50.00 94.24 27.71
	12.b. Amount.	\$172
	1	

Name of Person Filing Robert Jones	File Number U-			
Part B Continuation Page				
or leasing to, or otherwise dealing with the business of an employer whose em	ue from a business (1) a substantial part of which consists of buying from, selling ployees your labor organization represents or is actively seeking to represent, or rectly to, or otherwise dealing with your labor organization or with a trust in which			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Mo-Kan Iron Workers Pension Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any Suite 108	b. Trust			
Street 3100 Broadway City Kansas City	c. Employer			
State Missouri ZIP Code + 4 64111				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Third Party Administrator			
Name Mo-Kan Iron Trust Funds	I			
Trade Name, if any:]			
P.O. Box, Bldg., Room No., if any Suite 108	그 [[
Street 3100 Broadway				
City Kansas City				
State Missouri ZIP Code + 4 64111	11.b. Approximate dollar value of such dealing. \$346,000			
	12.a. Nature of interest held or income received.			
	Reimbursement for expenses to International Foundation Employee Benefits Conference in New Orleans 11/29/04 to 12/03/04			

12.b. Amount.

\$1,457

ARNOLD, NEWBOLD, WINTER & JACKSON, P.C.

MICHAEL C. ARNOLD MICHAEL G. NEWBOLD LINDA N. WINTER ** BRUCE C. JACKSON, JR. 1125 GRAND BOULEVARD
SUITE 1600
KANSAS CITY, MISSOURI 64106-2503
816-421-5788
FACSIMILE: 816-471-5574

MARK A. KISTLER *
CHRISTOPHER M. BRENNAN *
BRADLEY J. SOLLARS *

PAUL E. TORLINA *
CHRISTINE Y-TERPENING *

*Also admitted in Kansas

**ALSO ADMITTED IN WISCONSIN AND D.C.



August 8, 2005

Mr. R. Paul Jones Iron Workers Local Union No. 10 1000 East 10th Street Kansas City, Missouri 64106

Re: Iron Workers Local Union No. 10

Dear Paul:

Per your request, I enclose information on business gratuities provided to you from our Firm in calendar year 2004:

March 4, 2004 The Savoy Grill - Food \$27.71

June 3, 2004 Golf outing - Ironhorse Golf Club \$94.25

December 2004 Holiday Gift Bond \$50.00

If you need anything further, please contact us.

Very truly yours,

ARNOLD, NEWBOLD, WINTER & JACKSON, P.C.

Michael C. Arnold

MCA:nj